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|--|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> |  | <b>Complete if Known</b> |                        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  | Application Number       | 10/553,457-Conf. #6979 |
|  |  | Filing Date              | October 17, 2005       |
|  |  | First Named Inventor     | Thomas Bohm            |
|  |  | Examiner Name            | Kasture, Dnyanesh G.   |
|  |  | Art Unit                 | 3746                   |
| TOTAL AMOUNT OF PAYMENT  |  | (\$)                     | 120.00                 |
|  |  | Attorney Docket No.      | 327_106                |

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| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account            Deposit Account Number: <u>50-0289</u> Deposit Account Name: <u>Mariama Muldoon Blasiak &amp; Sullivan LLP</u>                  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>                                     |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

| <b>FEE CALCULATION</b>  |                     |   |                 |                                 |                                  |                                 |                      |
|---|---------------------|---|-----------------|---------------------------------|----------------------------------|---------------------------------|----------------------|
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                 |                                 |                                  |                                 |                      |
| Application Type  | FILING FEES         |   | SEARCH FEES     |                                 | EXAMINATION FEES                 |                                 | Fees Paid (\$)       |
|   | Fee (\$)            | <u>Small Entity</u><br>Fee (\$)                         | Fee (\$)        | <u>Small Entity</u><br>Fee (\$) | Fee (\$)                         | <u>Small Entity</u><br>Fee (\$) |                      |
| Utility   | 310                 | 155   | 510             | 255                             | 210                              | 105                             | _____                |
| Design  | 210                 | 105   | 100             | 50                              | 130                              | 65                              | _____                |
| Plant   | 210                 | 105   | 310             | 155                             | 160                              | 80                              | _____                |
| Reissue   | 310                 | 155   | 510             | 255                             | 620                              | 310                             | _____                |
| Provisional   | 210                 | 105   | 0               | 0                               | 0                                | 0                               | _____                |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                 |                                 |                                  |                                 |                      |
|   |                     |   |                 |                                 |                                  | <u>Small Entity</u>             |                      |
| <b>Fee Description</b>  |                     |   |                 |                                 |                                  | <b>Fee (\$)</b>                 | <b>Fee (\$)</b>      |
| Each claim over 20 (including Reissues)   |                     |   |                 |                                 |                                  | 50                              | 25                   |
| Each independent claim over 3 (including Reissues)  |                     |   |                 |                                 |                                  | 210                             | 105                  |
| Multiple dependent claims   |                     |   |                 |                                 |                                  | 370                             | 185                  |
| <u>Total Claims</u>   |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>            | <u>Multiple Dependent Claims</u> |                                 |                      |
| _____ - 20 = _____  |                     | x _____   | = _____         |                                 | <u>Fee (\$)</u>                  |                                 | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                 |                                 |                                  |                                 |                      |
| <u>Indep. Claims</u>  |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>            |                                  |                                 |                      |
| _____ - 3 = _____   |                     | x _____   | = _____         |                                 |                                  |                                 |                      |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                 |                                 |                                  |                                 |                      |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                 |                                 |                                  |                                 |                      |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                 |                                 |                                  |                                 |                      |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>            |                                  |                                 |                      |
| _____ - 100 = _____   | /50 = _____         | (round up to a whole number) x _____                    | = _____         |                                 |                                  |                                 |                      |
| <b>4. OTHER FEE(S)</b>  |                     |   |                 |                                 |                                  |                                 |                      |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                 |                                 |                                  | <u>Fees Paid (\$)</u>           |                      |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                     |   |                 |                                 |                                  | 120.00                          |                      |

|                     |                     |                                      |                |
|---------------------|---------------------|--------------------------------------|----------------|
| <b>SUBMITTED BY</b> |                     |                                      |                |
| Signature           | /Denis J. Sullivan/ | Registration No.<br>(Attorney/Agent) | 47,980         |
|                     |                     | Telephone                            | (315) 425-9000 |
| Name (Print/Type)   | Denis J. Sullivan   | Date                                 | May 27, 2008   |

|  |   |
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| <b>Fee Transmittal</b>   |   |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4). |   |
| Dated: May 27, 2008  | Electronic Signature for Danielle Menzies: /Danielle Menzies/ |